

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000125964

**Entity Name:** REVGENETICS LLC

**Current Principal Place of Business:**

8230 SW 164 CT  
MIAMI, FL 33193

**Current Mailing Address:**

8230 SW 164 CT  
MIAMI, FL 33193

**FEI Number:** 26-1573453

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOERA, ANTHONY  
8230 SW 164 CT  
MIAMI, FL 33193 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                |                 |                            |
|-----------------|----------------|-----------------|----------------------------|
| Title           | MGR            | Title           | AMBR                       |
| Name            | LOERA, ANTHONY | Name            | ANTHONY LOERA LIVING TRUST |
| Address         | 8230 SW 164 CT | Address         | 8230 SW 164 CT             |
| City-State-Zip: | MIAMI FL 33193 | City-State-Zip: | MIAMI FL 33193             |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTHONY LOERA

CEO

01/11/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date